

September 22, 2020

Jonathan Shockley
1000 Sutter St.
Apt 123
San Francisco, CA 94109

Re: Invitation to Further Engage in the Interactive Process and Request for Additional Information

Dear Jonathan:

Thank you for providing the note, dated September 4, 2020, from Dr. Jamasbi. In reviewing the information provided, the Company understands that you have the following work restrictions:

1. Limited use of upper extremities to engage in repetitive activities (up to 1 hour of use in an 8 hour shift)
2. Limited performance of light computer work (no more than 1 hour in an 8 hour shift)
3. No lifting, pushing or pulling greater than 5 pounds.

These restrictions appear largely unchanged from when we last spoke on August 11, 2020. At that time, you had the following restrictions: were limited to using your upper extremities to engage in repetitive activities: no repetitive activities using upper extremities limited to 1 hour in an 8 hour shift; and no lifting, pushing or pulling greater than 5 pounds. Since you did not have a limit on the amount of computer work that you could perform, we previously met to explore potential accommodations that may be available in light of advances in technology, such as a foot mouse. During our meeting, declined these suggestions.

As you know, you have been on a leave of absence since February 16, 2019, for more than 19 months. Since then, you have exhausted all leave available under the Family Medical Leave Act and/or the California Family Rights Act. As previously advised, you do still have 17.04 of PTO available to use. Please let us know if you would like to use this time this week. Given that your restrictions have not improved during your leave, the Company is concerned that your leave is becoming indefinite in nature and that continuing to provide you with leave is no longer a reasonable accommodation. However, before any final decisions are made regarding your leave status, the Company would like to invite you to once again engage in the interactive process.

From the documentation you provided, we understand that you have an appointment with your health care provider scheduled for September 25, 2020. The Company requests that you please have your health care provider answer the questions listed below. Receiving the answers to these questions will provide us the best opportunity for a productive interactive process discussion about any further potential reasonable accommodations that may be available. The below questions only seek information regarding your functional limitations and do not request any confidential medical information. We ask that you please provide your health care providers responses to the below questions no later than Monday, September 28, 2020.

A further interactive process meeting has been scheduled for September 29, 2020 at 2:00PM CST. I will send you a meeting invite with a link for you to join this meeting by video conference. If you are not available on the date and time proposed, please let me know so that we can reschedule the meeting.

If you have any questions, please feel free to contact me at 847-720-2109. Otherwise, I look forward to receiving your health care provider's responses to the below and meeting with you on September 29.

Sincerely,



Amy Koeneman
Sr. Director of Human Resources

Encl: Monitoring Technician I Job Description

INSTRUCTIONS AND QUESTIONS FOR HEALTH CARE PROVIDER

Dear Dr. Jamasbi:

The above listed employee has requested a reasonable accommodation.¹ Your responses to the following questions will assist the Company in determining what accommodation(s), if any and including leave, which could be provided to employees to enable them to perform all of their essential job functions. In responding to the below questions, please **do not** disclose information regarding medical cause, medical history, diagnosis or the employee's genetic information or genetic characteristics. Please limit your responses to only non-medical information regarding the employee's health condition as it relates to the employee's ability to perform job duties.² To assist you in

¹ This questionnaire is part of an interactive process that is necessary in order to determine one or more of the following: (1) if your patient has a disability and/or medical condition recognized under the Americans with Disabilities Act ("ADA") or California Fair Employment & Housing Act ("FEHA"); and (2) if so, (a) a description of why the employee or applicant needs a reasonable accommodation to have an equal opportunity to participate in the application process and to be considered for the job, or to perform the employee's job duties, or to enjoy equal benefits and privileges of employment compared to non-disabled employees; and (b) what, if any, reasonable accommodation(s) are necessary and reasonably can be made that would enable your patient to perform the essential functions of his or her job. Such reasonable accommodation may or may not include a leave of absence.

² The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an

responding to the below questions, enclosed is a job description for the employee's position. Please consider the essential functions listed in the attached job description when answering the questions below.

1. On September 4, 2020, you wrote that Mr. Shockley had the following work restrictions:

- Repetitive activities using upper extremities limited to 1 hour in an 8 hour shift.
- Light computer work for up to an hour for an 8 hour shift.
- No lifting, pushing, or pulling greater than 5 points.

Mr. Shockley's position is one which requires that he be able to perform working using a computer for a minimum of ____ hours per day. Will Mr. Shockley's disability improve to the point that he will be able to perform this essential job function with or without reasonable accommodation?

____ YES ____ NO

____ IMPOSSIBLE TO DETERMINE AT THIS TIME (explain and state when you anticipate such a determination can be made) _____

2. If your answer to Question 1 is "YES", please provide your best estimate of how long it will be until Mr. Shockley is able to return to work to perform the essential functions of his position, with or without a reasonable accommodation.

____ weeks; Employee's anticipated return to work date is _____.

____ months; Employee's anticipated return to work date is _____.

____ indefinite

3. If the period of leave indicated in response to Question 2 is for a specific number of weeks or months, is it reasonably like that the employee will be able to return to performing the essential functions of his position by this date?

____ YES, the employee will be able to perform all essential job duties, with or without reasonable accommodation, by the date listed.

____ NO, the employee will likely continue to be unable to perform all essential job duties beyond the date listed.

4. If the answer to Question 3 is "YES," will the employee have any functional limitations which may impair the employee's ability to perform job duties?

____ YES ____ NO

individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

5. If the answer to Question 4 is "YES", please describe in detail any functional limitations that may impair the employee's ability to perform job duties:

Provider's Name:

Practice Name:

Address:

Telephone Number:

Fax Number:

Health Care Provider's Signature

Date